

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5696

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2206

BIRTH NO.

7 OF DEATH AND AL RESIDENCE 0308	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>7 yrs.</u> IN ARIZONA <u>7 yrs.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
	C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 171 7 054	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Good Samaritan Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>638B. N. 18th St. apt. 33</u>	
	3. NAME OF DECEASED (TYPE OR PRINT) <u>Effie Del</u>		A. (FIRST) <u>Del</u>		B. (MIDDLE) <u>Scotford</u>	
CAUSE OF DEATH ITEM 18)	6B. NAME OF SPOUSE <u>Delbert Scotford</u>		7. DATE OF BIRTH MONTH <u>Aug.</u> DAY <u>17</u> YEAR <u>1883</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>71</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mich.</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
OPERATIONS, AUTOPSY	14A. FATHER'S NAME <u>John Hilaman</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Penn.</u>		15A. MOTHER'S MAIDEN NAME <u>Srvinhardt</u>	
	16. INFORMANT'S SIGNATURE <u>Delbert Scotford</u>		ADDRESS <u>Phoenix</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct. 31, 1954</u>	
MEDICAL CERTIFICATION	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>244X</u> †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No.</u>
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION (A) <u>Bronchial Asthma</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>			13. SOCIAL SECURITY NO. <u>none</u>
DEATH DUE TO EXTERNAL VIOLENCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>October</u> , 19 <u>49</u> , TO <u>death</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct 31</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>4 p</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
CORONER'S CERTIFICATION	22A. SIGNATURE <u>Walter Reinisch M D</u>		22B. ADDRESS <u>Phoenix Arizona</u>		22C. DATE SIGNED <u>Nov. 2, 1954</u>	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. CITY OR TOWN (COUNTY) (STATE)	
FUNERAL DIRECTOR AND REGISTRAR	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Nov. 3, 1954</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Greenwood cemetery</u>	
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>		26A. DATE REC. BY LOCAL REG. <u>11/2/54</u>		26B. REGISTRAR'S SIGNATURE <u>Bulah Johnston</u>	
26C. FUNERAL DIRECTOR'S SIGNATURE <u>A. Lee Moore</u>		26D. ADDRESS <u>2 E. MOORE &amp; SONS PHOENIX, ARIZONA</u>		26E. DATE SIGNED		